

TOWN OF DAVIE
6591 S.W. 45 STREET
DAVIE, FLORIDA 33314
(954)797-1112

HOME OCCUPATIONAL LICENSE APPLICATION

INSTRUCTIONS: For each Business Location in the Town of Davie, please complete an application. Once completed, return the application to the Occupational License division located at Town Hall.

*** PUT ON LICENSE! "No on site repair to be done"**
APPLICANTS: COMPLETE BOTH SIDES OF APPLICATION

BUSINESS NAME: All Star Dings & Dents Paint & Body Repair
(Work Vehicle can be kept on site)

BUSINESS STREET ADDRESS: 14601 SW 17 COURT ZIP 33325

BUSINESS MAILING ADDRESS: 14601 SW 17 COURT ZIP 33325

BUSINESS PHONE: 954 472-5242

DESCRIBE TYPE OF BUSINESS: Dings & Dents Auto Repair

BUSINESS IS: Corporation ☐ Sole Proprietor ☒ Partnership ☐

Owner/Officer (s)	Home Address	City/Zip	Phone#
1. <u>Jose Colon</u>	<u>14601 SW 17 ct.</u>	<u>Davie 33325</u>	<u>(954) 472-5242</u>
2. _____	_____	_____	_____

Federal ID Number or Social Security Number _____

I understand that this is an application for a home occupational license in the Town of Davie and I may not conduct any business at this location until I have received the license itself. I further understand that this license upon issuance, is valid until September 30, 05, and must be renewed before October 1st.

This application for home occupational license allows mail and telephone use only, no signs or exterior storage, no on-site employees are permitted.

<u>Jose Colon</u>	<u>[Signature]</u>
Print Owner or Officers Name and Title	Signature of Owner or Officer

Office Use Only: Date <u>12/21/04</u> Category <u>02004</u> Fee Exempt per Sec. 13-13 <input type="checkbox"/> Fee <u>115.46</u> Rec# _____ New <input checked="" type="checkbox"/> Trans _____	
License # <u>05 20900</u>	Control # <u>16786</u>
Council approval Required <input checked="" type="checkbox"/> Yes _____ No _____	Zoning <u>R-1</u>
Town Council Date _____	Approved <input checked="" type="checkbox"/> Denied _____
Tabled To _____	Approved _____ Denied _____
OCCUPATIONAL LICENSE DEPARTMENT APPROVAL <u>50-40-15-01-0505</u>	

8/00

OWNER SIGNATURE REQUIRED ON BACK OF APPLICATION